

**PRISON RAPE ELIMINATION ACT  
(PREA) INCIDENT REPORT**

JD-ES-293 Rev. 12-20  
34 U.S.C. § 30301, et seq.

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
www.jud.ct.gov



**Instructions**

Use this form to report an incident or incidents of sexual abuse or sexual harassment against an individual in the custody of the Judicial Branch, allegedly by either a Judicial Branch employee, contractor, volunteer, intern or an individual in the custody of the Judicial Branch. This form is not required in order to report a PREA incident.

See the instructions on the instructions page for where to submit this form or to whom you may make a verbal report of a PREA incident. The Judicial Marshal Services PREA Coordinator is required to complete this report for any alleged PREA incident involving an individual in the custody of Judicial Marshal Services. The CSSD PREA Manager is required to complete this report for any alleged PREA incident involving a Juvenile in detention.

Location of incident	Incident date	Incident Time (am/pm)
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**Type of Incident**

Sexual Abuse against an individual in the custody of the Judicial Branch By

- Employee       Contractor
- Volunteer       Intern
- Individual in the custody of the Judicial Branch
- Other: \_\_\_\_\_

Sexual Harassment against an individual in the custody of the Judicial Branch By

- Employee       Contractor
- Volunteer       Intern
- Individual in the custody of the Judicial Branch
- Other: \_\_\_\_\_

**Person who received incident report**

Name (Last, First, Middle initial)	<input type="checkbox"/> Employee	<input type="checkbox"/> Individual in custody of the Judicial Branch
	<input type="checkbox"/> Other	

Address	Phone
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**Person against whom incident is being reported**

Name (Last, First, Middle initial)	<input type="checkbox"/> Employee	<input type="checkbox"/> Individual in custody of the Judicial Branch
	<input type="checkbox"/> Other	

Address	Phone
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**Alleged Victim**

Name (Last, First, Middle initial)	<input type="checkbox"/> Employee	<input type="checkbox"/> Individual in custody of the Judicial Branch
	<input type="checkbox"/> Other	

Address	Phone
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**Witnesses**

Name (Last, First, Middle initial)	<input type="checkbox"/> Employee	<input type="checkbox"/> Individual in custody of the Judicial Branch
	<input type="checkbox"/> Other	

Address	Phone
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Name (Last, First, Middle initial)	<input type="checkbox"/> Employee	<input type="checkbox"/> Individual in custody of the Judicial Branch
	<input type="checkbox"/> Other	

Address	Phone
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**Description of Incident**

(Describe as accurately and completely as possible the events that occurred; indicate the persons involved. If injury occurred, describe the nature of the injury, its cause, and actions taken to treat the injury.)

## Description of Incident (Continued)

### Persons Notified (as applicable)

Unit PREA Coordinator (Name)	Time (am/pm)	Date	By (Name)
Supervisor/Division Director (Name and Title)	Time (am/pm)	Date	By (Name)
Human Resources Officer (Name and Title)	Time (am/pm)	Date	By (Name)
Superintendent/Chief Judicial Marshal/Program Manager (Name and Title)	Time (am/pm)	Date	By (Name)
State or Local Police (Name, Badge, Title and Department)	Time (am/pm)	Date	By (Name)
Other (Name and Title)	Time (am/pm)	Date	By (Name)

### Injuries

Injury/suspected injury

To Individual in Custody     To Employee     To Other: \_\_\_\_\_

Treatment/Evaluation Refused by: \_\_\_\_\_

### Referrals Made

### To Whom

Transported to Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No	Time (am/pm)	Date	By (Initials)	Hospital Name:
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I acknowledge that the above information is accurate and complete to the best of my knowledge and belief.

Signature	Date	Time (am/pm)
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Person completing this form (Include title)

## Statement of Witness

Facility	Location of incident	Incident date	Time (am/pm)
Statement of (Name)		Title	

## Description of Conduct

*(Describe as accurately and completely as possible the events that occurred; indicate the persons involved. If injury occurred, describe the nature of the injury, its cause, and actions taken to treat the injury.)*

I acknowledge that this statement is accurate and complete to the best of my knowledge and belief.

Signature of witness	Date	Time (am/pm)
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## **Instructions:**

This process is established to meet the requirements of the Prison Rape Elimination Act (PREA), 34 U.S.C. § 30301, et seq. The Judicial Branch has zero tolerance toward all forms of sexual abuse and sexual harassment in its confinement facilities. Any Judicial Branch employee may use this form to report an incident or incidents of sexual abuse or sexual harassment against an individual in the custody of the Judicial Branch, allegedly by either a Judicial Branch employee, contractor, volunteer, intern or an individual in the custody of the Judicial Branch. This form is not required in order to report a PREA incident, except that the Judicial Marshal Services PREA Coordinator is required to complete this report for any alleged PREA incident involving an individual in the custody of Judicial Marshal Services. The CSSD PREA Manager is required to complete this report for any alleged PREA incident involving a Juvenile in detention. Such a report may be made in any manner, at any time, to any of the following individuals:

- The highest level supervisor assigned to the Judicial Branch confinement facility in which the alleged incident occurred;
- The Judicial Branch PREA Coordinator;
- The Unit PREA Coordinator;
- The Program Manager for Equal Employment Opportunity for the Judicial Branch;
- A personnel officer, manager or director in the Administrative Services Division Human Resource Management Unit; or
- A supervisor, manager or division executive director.

Completed incident report forms may be submitted to any of the individuals listed above. A copy of any completed form in response to an alleged violation by a Judicial Branch employee must be sent to the Judicial Branch Human Resource Management unit at: 90 Washington Street, Hartford, CT 06106. In the event that an employee makes a report without completing this form, the employee receiving the report may use the form as a guide for obtaining all relevant information from the individual making the report.

When a report is received either by way of this form or in any other manner, the employee receiving the report shall begin to initiate an investigation in accordance with the Judicial Branch PREA policy and with the relevant departmental policy, if any (e.g., Judicial Marshal Services' policy; Juvenile Detention policy).